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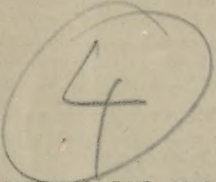
INCLUDING A

PAPER ON INFANT ASYLUMS.

BY

A. JACOBI, M. D.,

PRESIDENT OF THE MEDICAL SOCIETY OF THE COUNTY OF NEW YORK, PROFESSOR OF
DISEASES OF CHILDREN IN THE COLLEGE OF PHYSICIANS AND
SURGEONS, NEW YORK.


[REPRINTED FROM THE N. Y. MEDICAL JOURNAL, JAN., 1872.]

NEW YORK:
D. APPLETON & COMPANY,

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1872

HAMMOND.

A Treatise on Diseases of the Nervous System.

By WILLIAM A. HAMMOND, M. D.,

Professor of Diseases of the Mind and Nervous System, and of Clinical Medicine, in the Bellevue Hospital Medical College; Physician-in-Chief to the New York State Hospital for Diseases of the Nervous System, etc., etc.

With Forty-five Illustrations. 1 vol., 8vo. 750 pp. Cloth, \$5.00.

The treatise embraces an introductory chapter, which relates to the instruments and apparatus employed in the diagnosis and treatment of diseases of the nervous system, and five sections. Of these, the first treats of diseases of the brain; the second, diseases of the spinal cord; the third, cerebro-spinal diseases; the fourth, diseases of nerve-cells; and the fifth, diseases of the peripheral nerves. One feature which may be claimed for the work is, that it rests, to a great extent, upon the personal observation and experience of the author, and is therefore no mere compilation.

"The author's clear and terse style of diction renders the book exceedingly readable, and the cases reported and cited add much to the interest of the text. . . . There is so much that is entertaining in the mental and other manifestations of nervous disorder, especially when presented as they are here, that a work of this kind will find many readers outside the profession; and, it may be hoped, will serve not only to interest and amuse, but to induce a closer observance of those hygienic laws upon whose violation many of the ailments here treated of depend."—*New York Medical Journal*.

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I HOLD in my hands the record of the members of this Society in the last year. There are names among them of men who no longer adorn these seats. There is not one of them who has not been, when he had passed away from us, honorably mentioned by us; there are a few, whose loss all of us shall long mourn, and whose memories we shall forever cherish. The two members to whom I consider it my sacred duty to allude were Dr. Bibbins and Dr. Geo. T. Elliot.

Dr. Bibbins was for many years a member of your comitia minora, and your Treasurer. To say that he was a diligent and trustworthy officer, although that is saying a great deal, is not much when we recollect his untiring industry in behalf of the honor and standing of this Society, and of the profession in general. There are but few who, with equal erudition, and tact, and zeal, and *modesty*, have untiringly worked for common interests as he did, to the hour of his last sickness; which may have found its work of destruction easy in one whose nervous system was overstrained and exhausted.

¹ Read at the Stated Meeting, December 4, 1871.

Dr. Elliot was one of those to whose exertions this Society owes a great part of its flourishing condition. It was his ambition and pride to gather large numbers of members, secure good papers, and worthy discussions, and to hold extra meetings. We owe his memory thanks for what he has accomplished in that line. It is true that his predecessors had facilitated his work, for there was no society in the city that had shown a better record for many years, when he commenced his useful career as our President in 1868. But it is also true that no public man in a public place was ever more diligent, zealous, and at the same time gracious. To his other private and public virtues I need not allude; they have been recalled to your mind from this place before to-night. Whenever his name is mentioned, we shall remember a gentleman, a man of taste, a refined scholar, and an amiable colleague. I have to thank him, personally, for my finding the Medical Society of the County of New York, when I had the honor of being the first time elected to preside over your meetings, a year ago, large in numbers, regular in attendance, earnest in purpose, and progressive in spirit.

Fortunately, death has not been the only power that has marked its changes among us. The records of last year exhibit a rapid increase of our members. Seventy medical men have joined our ranks, against eight whom death has taken from our midst, and a few who have left the city and county. I hail this fact with joyful expectations of further increase. It shows that individualism is not the paramount tendency of medical men as a class, and that the universal law of centripetal attraction exerts its power. It proves that medical men are aware of the existence of common interests which can better be served by large bodies than by the few or the one. The liberty of the individual is not thwarted by a certain amount of centralization. Hundreds of private men feel the necessity of closing up into a regiment, in order and discipline. Small communities, and states, with the same language, customs, and interests, have for centuries, up to this very year, sought and found means to abolish artificial boundaries and melt into one. Decentralizing State rights

have been wiped out with fire and blood to develop the growth and power of a great country, free at last, which is destined to be the harbor and fosterer of the civilization of the republican world of the future, as it has become the protector and home of fugitive republicans of Europe. Thus the tendency to follow the laws of attraction and gravitation yields its fruits in the political, the social, the literary fields. The readiness with which new names are added to our lists, proves to what extent, consciously or unconsciously, medical men feel the necessity of uniting their strength. It will be our duty to prove that, even without our legal standing in relation to the political administration, we have attractive power enough to hold them and to grow; but at the same time it will also be our bounden duty to improve the advantages of our legal standing in the interest of our members, our Society, the medical profession, and the public at large. I hope to be capable within a short time of pointing out the possibilities of availing ourselves of our connection with the State and the other county medical societies for the benefit of both the profession and the community.

Among the additions to our number during the last year I notice dozens of foreign names; the schools and universities of Great Britain, Germany, France, Switzerland, Poland, and Russia, have sent their pupils to swell our ranks, while our own schools have offered their full share as heretofore. Thus our Society but repeats the historical and ethnological fact of our great Commonwealth, which has been the result of the mixture of all the nations of the universe. While, however, the question of the beneficial influences of such mixture has, in a political point of view, sometimes not been considered as settled to universal satisfaction; while even a dozen years ago there could be, as a political issue, a strong party of nativists, there was never, to my knowledge, in the liberal profession to which we belong, any such party feeling. For, those of us who are old enough will remember that, just in those years which engendered and saw the political efforts of Knownothingism, a small number of foreigners, who are still among us, were bidden a hearty welcome in your midst, and have even been pro-

moted since to the highest honors the profession can confer upon any member.

This difference in the reception and appreciation of the foreign-born member of the profession from what we notice in political life, now and then, is very suggestive. The United States, for instance, claims the necessity of a five-years' residence before a new-comer can be admitted to citizenship. Five years are considered necessary to acquaint the average immigrant with our Constitution, and the spirit and the habits of our republican people; they are considered an apprenticeship for those whose lives have been spent under monarchical rule. But, as soon as they are considered to be imbued with the principles of republicanism and its practical working, they are admitted as equal. There is no doubt but that, if the necessary knowledge and habit should be thought accessible in less time, the term of five years would be reduced. We have the proof of this assertion in the fact that a number of States have reduced the term of preparatory residence, as far as their own simpler, more uncomplicated affairs are concerned. What, then, would be the condition of things, if the newly-imported immigrant came, as a rule, not from monarchical communities, but from republican states, with institutions, rules, habits, like our own? Can any one think of a legislator who would, for an average immigration of *that* kind, consider an apprenticeship of five years necessary? On the contrary, we can safely say that when, in future, the monarchies of Europe shall have been swept away before republicanism conquering the world; when France shall have the fact and not only the name of a republic, when Germany shall have adopted a self-government worthy of the character of its people and the high standard of its thinkers; when old England, whose very sap and juice are drying up over the old outworn roots of its existence—meaningless and powerless as it is nowadays in the councils and destinies of nations—shall have been rejuvenated to its original Anglo-Saxon freshness and vigor by republicanism; when in fact all Europe shall have stepped over the boundaries between monarchism and republicanism, bondage and freedom, dynastic sway and enlightened self-government—there will be no apprentice

ship any more than there is between the States of this one and indivisible republic of the United States. Such is the influence of equal education, habits, aims, and interests. And such is the cause and source of the universal citizenship among the members of our liberal profession from whatever geographical country they may have arrived. The first minute of your acquaintance with a medical man who is born and raised your antipode, reveals in him a relative, a brother. The same ideas, even the same terminology, render your intercourse with him like that of an old friend. For we are fortunate enough to live in a time when medical science has the same base and foundation, that of Nature and its study.

It has not always been so, nor could it be so, as long as or wherever the standard of science and society was generally low. It is a peculiarly instructive fact that these two will closely correspond with each other. The science and art of old Egypt have no greater accomplishments to boast of than hieroglyphs and pyramids, and her physicians were the priests of Isis. The Greeks, however, whose art, resulting from their enjoyment and close observation of Nature, was in many instances equal or even superior to our own, produced a Hippocrates, one of the greatest and truest observers of all times. Among the Jews, whose one science was the combination and union of politics, religion, dietetics, and medicine, the practice of the healing art was exclusively in the hands of priests and legislators. The Romans sometimes borrowed the culture of their neighbors, and some of their medical men were Greek; usually, however, they destroyed it. Their path was marked by the sword, and the blessing they carried along was slavery. Accordingly, most of their physicians were slaves; and Justinian fixed the price at which their persons could be bought. The Christian middle ages, which knew no higher scientific authorities than Aristotle and Galen, or his Arabian translators or transcribers, and have not succeeded in producing a single original mind in medicine before the times of Paracelsus, relied on the healing powers of their priests and—by way of contrast—of despised Jews. The Indian's medical man is his sorcerer; for the red man believes

in miracles, in supernatural or rather unnatural powers, just as much as the illiterate and credulous white man who follows the footsteps of the clairvoyant, the medium, the quack.

In this manner every age and every country had its own medical science. It required the results of centuries, struggling for light, to yield a common base; that base being the increased knowledge of Nature. But more than some descriptive knowledge of natural bodies or phenomena was required. A universal medicine has been, at last, the result of the genetic idea and researches, the idea that there is nothing unalterable and unchangeable in Nature; that every thing is incipient, growing, and disintegrating; that the same process which had been noticed in nations, in the course of centuries, is taking place in every being from minute to minute. The researches in chemistry, showing rapid or slow transformations, in comparative anatomy pointing out small and trifling differences, have been the first to sharpen the senses, and to prepare the way for modern medical ideas. To France belong the first great names of Lavoisier, Laplace, Bichat, Dupuytren, Laennec. To Germany the glory of establishing medicine on its solid modern foundation. To the world belongs the credit of fully appreciating and recognizing the working of the mind, and the progress of development, never minding the language or nationality of the man who has a claim on priority. Thus, the men whose names I have mentioned, and the names of Oken, Schwann, Johannes Müller, Rokitansky, Schönlein, Virchow, Hunter, Davy, Faraday, Darwin—are no longer national names, any more than in other fields the names of Galileo, Copernicus, Newton, or Raphaele Santi and Correggio, or Beethoven and Mozart. Those men speak the language of the human mind, they are the leading citizens of the universal world-republic of science to which we all, equal, free, and fraternal, have sworn allegiance. There is no blockade, no fire, no Franco-German War, that will ever disprove our belonging to the same community. The progress of one man, of one country, is at the present day the common property of all men, all countries, and an isolated civilization or science belongs to the past. Let us hope, and every one at his own wheelwork, that the unity of science may be but the precursor of the unity of mankind.

With this view, American physicians have always received their foreign brethren friendly and hospitably, no matter whether they had come to settle or to visit. With this view I welcome to our Society those who have lately joined us. Besides, the fact of their coming to us proves their agreeing with the sentiments I have briefly expressed. There is many a common battle we shall have to join in.

Among our new acquisitions I notice also a large number of younger members of the profession, some of whom have already drawn the attention of the medical public to their labors, and earned golden opinions. I cannot but express my satisfaction at their accession to our numbers. If there is a physiological difference between them and the older members, it consists in the relation of the new-formed young cells entering the organism, the framework of which is established before. The latter gives the necessary firmness, is less changeable, but, it is true, less necessary for the performance of the physiological functions. The former are the active and enlivening portion of the organism. It is the young blood-cells, the young gland-cells, the organism is supported by; their healthy action is the condition of healthy and active life; without them the organs and the organism would soon die of atrophy. I hope our young cells will not carry this comparison any further. They might feel like saying that the old blood-corpuscles cannot do better than to get disintegrated as speedily as possible, and disappear from the field of action, or that long organized connective tissue is but a scar and inert, or that the old pavement epithelia of the epidermis, with their shrunken nuclei, ought to be rubbed off at once, and buried in the bath-tub. They may be right sometimes. But the old-established framework might have a line of defence; it might retort that young cells might overdo their physiological function; that it might happen that over-copious proliferation will break down the whole organ, young and old, or that the too copious and irregular invasion might prove a malignant growth. We shall easily get along, though, and all of us, old and young, perform our share of the work, by contributing our best to the general stock of knowledge. At all events, our younger brethren, or part of

them, are conversant with those methods of study and investigation which have elevated modern medicine to its present standard. Therefore, the Society hopes for and requests such contributions to the papers and discussions of our meetings as will prove their efficiency, and fill our wants. These gentlemen will surely not forget that every one has to do his best where our aims are the same; and that, by so doing, they work for the future, which ought to be, and necessarily is, theirs.

While pointing to these wants, and stating my earnest request for a diligent and faithful coöperation of such of our members as are accustomed to the exact methods of investigation with the microscope, or chemistry, I still think that the papers read and discussed before this Society during the last twelvemonth are of a high order, and creditable to both their authors and our Society. Allow me to recall the following items:

November Meeting, 1870.—Paper by the PRESIDENT, on "Craniotabes," and general introductory remarks. Cases of, and remarks on, "Blepharoplasty," by Dr. KNAPP.

December Meeting.—Paper by Dr. FORDYCE BARKER, on "Blood-letting as a Therapeutic Resource in Obstetric Medicine."

January Meeting, 1871.—Paper by Dr. H. KNAPP, on "Formation of Bone in the Eye."

February Meeting.—Paper by the Vice-President, Dr. AUSTIN FLINT, on "The Pathological Relations of the Gastric and Intestinal Tubules."

March Meeting.—Paper by Dr. J. LEWIS SMITH, on "Scrofula."

April Meeting.—Paper by Dr. LEONARD WEBER, on "Abscess of the Appendix Vermiformis."

May Meeting.—Paper by Dr. H. B. SANDS, "On the Use of the Plaster-of-Paris Bandage, in the Treatment of Simple Fracture, especially Fracture of the Femur." "Case of Abscess of the Appendix Vermiformis," by Dr. ERNST KRACKOWIZER.

June Meeting.—Paper by Dr. F. N. OTIS, on "Syphilitic Infection, with Special Reference to the Channels through which the System becomes contaminated, and to the so-called Incubation Period of the Disease."

September Meeting.—Nomination of Officers.

Concerning our recent admissions I have another remark to offer.

It is not a small satisfaction to me that, in this year of my presidency, one of the most urgent questions of the day should have been quietly and noiselessly answered. The ad-

mission of females into the ranks of the medical profession—or, rather, as their obtaining the degree of M. D. is a matter belonging to chartering Legislatures, and their obtaining a practice depends on the choice or prejudice of the public—into the existing medical societies, has been decided by you by a simple vote, not attended by either the hisses and clamors of excited young men in medical schools, or the confusion and derogations of the meetings of a medical association. I think we can say that our action has finally settled a question the importance of which was recognized by everybody. The vote of the largest society of the kind in the Empire State, and I believe in the Union, will have the effect of soothing the passions and levelling prejudices in the circles of the army of medical men, forty thousand strong, in the United States, and of raising us in this respect to the standard of European countries. Even the conservative seat of learning, Edinburgh, has admitted women to medical studies. Paris has turned out a woman doctor of medicine, who will prove, I hope, none of the least ornaments of this Society, the profession of this city, and our common country. Russia can boast already of her Kaschewarowa, and will within two years permit any well-educated and sufficiently-prepared woman to enter the halls of medical learning; and Switzerland, little but republican Switzerland, enjoys in its University of Zurich the presence of dozens of female medical students. I say “enjoys,” for it has been a matter of public congratulation on the part of the professors of that institution that, since the admission of the females, not only has the university gained a number of hard-working and successful students, but that, besides, the general bearing of the students of the stronger sex has been more quiet, sedate, moral, and studious.

The question whether females shall be admitted to the study of medicine, in the existing medical schools in our country, will be solved in time. It appears improbable, for several reasons, for the present. The standard of many of the young men entering upon the study of medicine, as far as preparatory studies are concerned, is so little elevated, that the schools will not lack sufficient numbers of students; for it is true, that ours is one of the liberal professions in the Union which

does not consider the previous acquisition of a classical or literary education a *conditio sine qua non*. And further, as long as new institutions, worthy and unworthy ones, male and female, are daily chartered, upon the recommendation of lay members of State Legislatures, the increase in number of special colleges for females can be continued *ad infinitum*. Thus it may happen that, for some time to come, this question of admitting females to our medical schools for male students will not be very eagerly ventilated, as its practical necessity may, to many of us, not be very obvious. Still, let it not be forgotten in the history of this Medical Society of the County of New York, that we have opened our doors to worthy members of the medical profession, male or female, white or colored, and thus granted reality to the gospel of American citizenship, the Declaration of Independence, according to which we are all free and equal. Let it not be forgotten, either, that we, in our circle, have generalized and idealized the peculiarly American proverb, "Help yourself." Emancipation, both of color and sex, means nothing else but to universalize the postulation of helping one's self. The future constitution of an ideal human society will be such that every member will take such a place, fill such a position, as is both adapted to his or her taste, and adequate to his faculties and services. The choice of a calling will depend on the first, the recognition by society, position, on the latter. That is the meaning of "help yourself," which never excludes that everybody else should also help himself, nor renders the helping each other impossible. On the contrary, the very existence of human society in general, and this republic in particular, is based on the liberty and independence of one and all. Monarchs and oligarchs only claim liberty and self-destination for their sole persons and systems. I wish we, in our political and social system, and in the institutions of our private and scientific circles, might forever bear in mind that we have always been the banner-bearers of universal liberty; and that, if the public opinion of Europe, greatly influenced by a monarchical and antirepublican press and office-holders, has frequently thrown the "help yourself" into our faces as a reproach, we mean and meant to help ourselves and each other,

and them also ! We need not sacrifice truth and modesty to spread-eagleism, when we point to the facts of our Sanitary Commission, our Chicago, or to the hungry of their Ireland, or the wounded and starving of their Germany and France. And, from this general mode of viewing all questions of great importance concerning the requirements of progressive development, we have, all of us, coöperated in solving the woman question in our department, no matter whether we have all been equally enthusiastic in deciding it, or whether we have simply followed the dictates of our longing for justice or equity, or resolved upon giving every member of human society a chance to develop his or her faculties, on their own responsibility as to failure or success.

After all I have said, I think I am justified in asserting that we have progressed in the right direction, in the acknowledgment of equal rights and universal solidarity, in a truly republican spirit. Besides, there is one progress we have made which is too evident to be overlooked. We have done our share, we believe, in teaching each other by papers and discussions. We have commenced, besides, to stimulate scientific researches. Hitherto, we must confess, the sun of science has risen for us, and mankind, in the far East, in Europe. She has the advantage of longer centuries, stored-up knowledge, hundreds of seats of learning, which are not schools in which a special branch of science and art is taught, but universities of science. She has her large museums, libraries, and collections. She has, which is more important than any thing else, a general base of thorough elementary and either literary or classical education previous to a special course of professional training. She has the advantage of the habit of study and thinking. In Europe, the universities, as they have the office of finishing the sixteen or twenty years' school education, have also that of advancing science *per se*. The great works of literature, general and special, the classical results of combined observation, learning, and thinking, have made their appearance from the laboratories, the clinics, the libraries of European universities. The solutions of many grave questions we owe to the prizes established, judged, and crowned by them. If we compare the four hundred

pages of the "Report on Education, by John W. Hoyt, U. S. Commissioner," as contained in the sixth volume (1870) of the "Reports of the U. S. Commissioners to the Paris Universal Exposition, 1867, published under direction of the Secretary of State, by authority of the Senate of the United States, edited by William P. Blake, Commissioner of the State of California," we shall admit the fact that we have good schools, but no European universities. Especially the task of advancing medical science, of stimulating strictly scientific researches, which our medical schools cannot fulfil, must, with us, necessarily fall upon the medical societies. Now, from this point of view, our Society, in my opinion, has, by approving of and authorizing a prize on a strictly scientific subject, which will require researches of a laborious and partially novel kind, begun a new era in the efficiency of medical societies, and proved her earnest appreciation of her position in relation to medical science.

Thus we have commenced to work according to the duties of every medical society, and the profession in general, in a number of important directions. There are, in fact, but three views which can be taken of the work, the actions, the duties of the medical profession—but three different relations.

The first two I have cursorily spoken of. They are the relations to the members of the profession itself, that is, to themselves, or each other, and to science. A thorough review was not expected this evening, nor was it in my plan to dilate on them. The third highly-important question, that of our relation to the public and to the political community, I expected to discuss this evening. I meant to discuss our responsibility to the public, and in connection with that the raising of the standing of the average practitioner, in the interest both of the profession and the public.

The relation of medical science to almost every branch of civilized life is self-evident. I do not speak of the care of individual disease; its importance as a duty of the medical man is understood by the lowest degree of intellect. I do speak of the whole province of hygiene and social science. Protection against epidemics, supervision of the sale of medicines, medical and in part also physical care of the poor (sick or well), coro-

ners' department, supervision of dead-houses, public and private institutions for the sick, orphan asylums and foundling-houses, the condition of cemeteries, measures against syphilis, sanitary inspection of schools with regulation of hours, subjects of teaching, condition of school-benches, supervision of factories, of prisons, are duties which form the natural province of a well-informed medical profession. I go further. Part of the humane jurisdiction of the future will form a portion of the domain of the philosophical physician of the future, which will not leave the plea and the proof of insanity, or total or partial responsibility of the accused, in the hands of a shrewd or blustering solicitor, or to the discriminating minds of twelve men whose only claim to sit as jurors sometimes consists in that they could find no excuse for staying away. I also meant to discuss the difference between a trade and a liberal profession, and the relation of both to the public and the political community. Also, how it happens that, when a man is out of coats, he goes to a tailor; out of shoes, to a shoemaker; when his watch is broken, to the man who knows something about watches; when he is out of health, to a seller of nostrums, to a clairvoyant, a medium, a grandmother, a neighbor; how it happens that, when his horse is sick, he will send for the horse-doctor; when his child is sick, for the priest, the school-madam, the auntie, or Mrs. Soothing Syrup. How it comes that, when a portion of his money is at stake, he goes to a lawyer whom he knows to be informed about the laws of the land; when his health is failing, to somebody who knows any thing but the laws of his body. How it is that there are laws against coining false moneys, coining checks, coining false pretences to obtain money, laws protecting your pockets, but no laws protecting the health and life of the community, of the very people who make the laws of the land; how it is that this criminal carelessness and ignorance on the part of the public and the lawgivers have contributed to demoralize even the ranks of a liberal profession, and to impede their progress; how, that this profession, usually upbraided, made light of, neglected, has always taken the initiatory steps to protect the health and lives of the public, almost against their wishes and remonstrances, enforced the laws of hygiene, diminished mortality,

lengthened the average duration of life, and improved the means of protecting the community, when their services were thought by them as superfluous as they were life-saving? I also meant to speak of the mode in which, in my opinion, the constant cry among our own ranks, for elevation of our profession, in the interest of the public, could be satisfied. I am sorry I have to simply announce this subject of medical education and practical reform for some other occasion, as I have felt compelled to lay a subject before you, which appeared to me so urgent that I could not but present it at once. It is of such particular urgency because of immediate practical importance; and at the same time has claims to the attention, and study, and coöperation of every physician.

A few mornings ago, I learned, through my newspaper, of the opening of a new lying-in asylum and foundling hospital. The number of such institutions begins to swell; the interest of the public is aroused, money is freely forwarded, and the lay and professional members of the public are thoroughly aware of the necessity of saving infant lives. I shall not here discuss the questions whether an effort should be made to save abandoned children, or whether the effort to save abandoned children will encourage crime. I shall simply try this evening to contribute my share to answering a third question of an "appeal in behalf of the New York Infant Asylum," which met my eye but a few days ago—the question, Can these children be saved? I shall also partially answer the question, What has been done for them in New York City? How many have been saved? If many, why change the old plans? If few, why not make a radical change?

I cannot answer the question to my entire satisfaction; for, to do so, the most exact and positive statistics on all institutions would be required. Now, part of the necessary information is found in the general literature on the subject. Part of the statistics concerning New York, however, I published some time ago, but have not taken particular pains to give them a wide notoriety. Still, some medical journals have republished part of my statements. The subject, however, is too important to be dealt with in a superficial or supercilious manner. Therefore, I shall give to-night what I have, and for what it is worth.

About a year and a half ago I read to the medical board of the Infant Hospital, Randall's Island, a report on "the raising and education of abandoned children in Europe, with statistics and general remarks on the subject." It was printed in the minutes of the Commissioners of Public Charities and Correction. A few hundred copies, which they liberally placed at my disposal, I distributed among the medical journals of the country, such persons as I knew to take an interest in, or have a connection with, foundling or infant institutions, and a number of medical gentlemen. I now believe it was a false professional pride that induced me to withhold my essay from the secular papers and the public on the ground that it was but a report to my colleagues of the medical board of the Infant Hospital, and because I was, perhaps, too deeply impressed with, or wrongly influenced by, the rules laid down in the best intended, but in some respects rather *naïve* and unpractical law-book, the "Code of Ethics." I now believe that the public and the papers had a claim to possess that report, and that, if its contents had been thoroughly ventilated in the press, public opinion might have been, before this, corrected to a certain degree in regard to the best means of raising abandoned infants. For I had enjoyed unusual facilities. Not only had I several months to spend on collecting the necessary material, during the summer of 1869, but the authorities, both public and professional, of England, France, Germany, and Austria, aided me in my endeavors, and a great many otherwise inaccessible, never-printed statistics have been copied by or for me; not to speak of a manuscript volume on the foundlings of Bohemia, handed over to me by one of the best authorities on that subject, Prof. Ritter von Rittershain, of Prague. My mistake in not giving the report the publicity it ought to have had was, however, in part corrected by some medical journals, in part by a paper read before the Social Science Association in Philadelphia, by Dr. Parry, who has deservedly earned the thanks of the public for his dealing with a number of questions, both social and physical, of the foundling question, in accordance with the statistics and results of my little book, to the extracts of which he adds valuable information on the city of Philadelphia. Thus I cannot complain of

my work having been in vain ; still, the most important question appears not to be as yet answered sufficiently to the satisfaction of the public at large. This question is, Ought children, or rather ought infants, to be raised in public institutions or in private families ? In the city or in the country ? By wet-nursing or artificial food ? Of this latter I shall not speak, because in theory everybody agrees, if it were only on philosophical or religious principles, that babies ought to be raised on breast-milk.

Thus, the question is practically reduced to this : Is it desirable to collect infants in an institution, combined or not with a lying-in establishment, there to raise them. Is it preferable to farm them out to private parties ? Is it preferable to take the intermediate road, and divide their numbers up in a number of country cottages ?

The first plan, to gather and raise infants in a public institution, in a large city, commends itself at first sight. There is a large, commodious building, facility of getting the necessary help, kind-hearted superintendence, the proximity of city comforts and medical attendance ; there is a large number of people whom you expect to call upon for generous contributions. The idea suggests itself, also, that a lying-in establishment ought to be combined with every such institution destined to receive foundlings ; for the saving must be immense when the baby is taken care of, before his birth, by the same kind hands that are to fondle him afterward. Let us, however, do away with this plan at once. Every medical man knows it to be a fact that a lying-in asylum will generate diseases more than any other hospital, and infect the babies. Every man with hospital experience has observed it, and every general practitioner has met with puerperal diseases in women, and severe affections of the new-born, at the same time or in the same houses. It is not long since Lorain published a volume on the "Puerperal Fever of Women and Infants." I have myself noticed the fact that when in a public institution, of which I shall have to speak, erysipelas appeared among the children, one of the houses, which was by far inferior to the other from a sanitary point of view, was entirely free of the disease, while the better house was infected with erysipelas among

the children, only because part of it was used as a lying-in establishment. I wish those gentlemen and ladies who think of new institutions of the kind, would consult the physicians with whom they have the good luck to be connected, and with whose recommendations they are always eager to go before the public; I also wish the medical gentlemen would forward their knowledge, their opinion, their judgment, although not asked for, for the benefit of their friends who work, to the best of their knowledge, on the impulses of their hearts. These friends of theirs cannot, however, ask for advice about special questions, as they know nothing about them. It is impossible to ask questions without a certain knowledge. This knowledge about the absolute danger of combining large lying-in hospitals with foundling or child's institutions they have not. Therefore, I urge upon the medical gentlemen to warn their friends and the public against a step attended with positive danger to the infants whom they mean to benefit. The question and its answer is such an old one, and has been answered so often and so uniformly, that it ought no longer to be necessary either to put or answer it. Even where there are large foundling institutions and lying-in establishments in the same city, in Europe, they are no longer found under the same roof. In this particular department of raising babies it appears as if the arts of printing and steam-shipping had never been invented. The experience of all Europe, so dearly bought, so bitterly complained of, goes for naught here. We mean to make our own sacrifices, have our own victims, mourn our own losses, do as badly as any by-gone century, because we do not take the trouble of profiting by the experience of the Old World. A lady at the head of a large new institution of the kind in this city has told me herself that she knew nothing about the results of the different modes of raising babies in Europe. Let, then, the medical men in good standing, large practice, and social connections, who may be asked for advice, or whose information will be thankfully received by the generous planners of new institutions, protest against the combination of lying-in and foundling hospitals. By so doing, they will counteract the empiricism which in so many instances has been the curse of our political and social institutions.

Next in order is the question whether babies ought to be raised in the country or city.

One reason why infants should be raised in the country, even under equal circumstances, is the statistical fact that they will thrive better. Of 100 children born alive, there died before the fifth year :

	In the cities.	In the country.	Difference.
France..... 1853-'54	35.69	28.56	7.13
Holland..... 1850-'54	36.25	28.90	7.35
Sweden..... 1851-'55	38.86	24.50	14.36
Denmark..... 1850-'54	29.66	22.68	6.98
Sleswic..... 1845-'54	27.42	23.42	4.00
Holstein..... 1845-'54	29.92	25.29	4.63
Saxony..... 1847-'49	39.88	36.22	3.66
Hanover..... 1854-'55	28.70	26.47	2.23
Prussia..... 1849	36.02	29.47	6.55
Average.....	33.60	27.28	6.32

Of 100 deaths, of all ages, in England, there were—

	Up to the end of the second year.	Up to the end of the tenth year.
In all England.....	31.58	44.91
Cities with 100,000 inhabitants or more.	35.12	51.39
“ “ less than 20,000.....	31.49	46.79
Manufacturing country districts.....	35.36	45.90
Agricultural districts.....	24.33	35.40

Mr. Husson urges even the shortening of the preliminary stay of the foundlings at the central depot, although a number of wet-nurses are kept there, and wants them transferred to the country instantly.

Last in order, not least, is the question where foundlings ought to be raised—in institutions, or private families.

Places inhabited by many can never yield an atmosphere as fit for breathing as well-kept private residences. Moreover, young infants, in consequence of their delicate constitution, and their not producing vital warmth by physical exercise, are confined to the house and room during the greater part of the year and day. Besides, offensive admixtures to the atmosphere of rooms in which many children are living cannot be avoided. Even the institutions in which adults are kept, suffer from the same influences, to such an extent that not unfrequently the very entrance into such a place is a

guarantee of imminent disease, and portions of hospitals have sometimes to be closed. Alvine discharges and urine contaminate the air of infants' wards to a considerable degree. From this source originate the numerous cases of poor sanguification, and of constitutional diseases, such as rickets, scrofula, etc., even typhoid fever and scurvy; from this source comes part of the really immense mortality of foundling hospitals. Whenever the attempt is made to correct this cause of disease and death, you will find that this attempt is punished at once. Ventilation is never complete except by opening windows. To relieve the wards of their unbearable stench—I advise you to visit a large, fine-looking, whitewashed, clean ward in a foundling hospital, in a Nursery and Child's Hospital, at 6 A. M.—you open the window, and in come the enemies of mucous membranes—intestinal catarrh, entero-colitis, bronchial catarrh, pneumonia. Of 88 deaths in the Nursery and Child's Hospital which I shall specify to you, more than 40 are due exclusively, or partially, to pneumonia. These facts have been the causes of the universal changes in the rearing of the infants left on the hands of society in all Europe. At present, the former foundling institutions are nothing but depots for temporary admission, and speedy distribution about the country.

There may be drawbacks also, as far as private boarding is concerned. But, where, in such an individual case, or a number of individual cases, changes are required, they are easier to make than in institutions, which as a rule are more than comfortably filled.

Even if the feeding is the same in private boarding and public institutions, the results are more favorable in the former category. That a baby should live and thrive on artificial food, in a private family, is by no means a rare occurrence. Every attentive person, every medical man, has ample opportunities for such observations. That, however, bottle-fed babies in a public institution should survive, is a rare exception. In the wards of infants' hospitals everywhere the receiving of a baby in the purely bottle-fed department is acknowledged by all as amounting to a sentence of slow death. Moreover, the only article of food without which a

baby could not be kept alive, viz., milk, can be more readily and more regularly procured by the poorest countrywoman than by the richest and most circumspect institution.

Besides, the nurses of institutions having charge of a number of infants at once, by day and by night, are very apt to, and surely will, lose the self-sacrificing patience and the everlasting attention which are absolute requisites for the sustenance of a young human being.

A task that requires all the holy instincts, the self-immolating, restless care of maternal love, is left sometimes in the hands of corrupt, lazy, whimsical, or malicious women, who make it their business to neglect their business, and are womanly and motherly only as far as they are so anatomically. It is much more probable that the poorest countrywoman who takes charge of a society's child, under the superintendence of the proper authority, under the eyes of her neighbors, and with motherly feelings developed in the poorest one bound in marriage and family ties, will succeed in saving a nursling from certain death.

I have spoken of superintendence. It is necessary and must be close. Of the infants sent out by the "general office of nurse children" under M. Husson, at Paris, and closely watched, the mortality under a year is 17 per cent., viz., but one per cent. more than the average mortality of the same age in all France.

Those placed out, on the same conditions, by private offices, and not watched, yield a mortality of 42.

Human nature is the same everywhere. The general results of not watching the parties to whom children are confided, must be feared, if not expected. We could learn from the ladies of Berlin, Germany, how the united efforts of the public, especially of the ladies, can be made useful under the directing control of the official authorities.

The latter I prefer as a directing power. Society itself, the State, must be considered responsible for the life of every human being that can be saved. It is a duty, not good-will; it is good policy, as I have proved in my report, to practise charity. Human society has committed both a blunder and a crime, when a member that could be saved, physically,

suffers death; when a member whose soul and heart might have been kept pure, will sin.¹ How is it with us in many instances? A party of ladies or gentlemen favor the idea of founding some institution. They ask for contributions. Sometimes they will contribute themselves, although they may not expect to read their names in the newspapers with the amounts attached. They erect large buildings, which they cannot pay for, or receive patients whom they have no

¹ Of the whole population of the countries of Europe, according to Wappaeus, 33.66 per cent. are below fifteen years of age. Thus one-third of the living are consumers only, while they produce nothing at all. Between fifteen and twenty years, when most individuals are still unproductive, very many still preparing for their vocation or trade, are 9.72 per cent. But 48.88 per cent. are between twenty and sixty years, the period of activity and work. Between sixty and seventy years, a period of life which is almost unproductive, are 4.92 per cent., and beyond that age, where unproductiveness is the rule, there are 2.81 per cent. of the whole population. At all events, nearly one-half of the population are consumers only, before they are able to repay society for the sacrifices the community has to bring in order to raise them and render them productive. Thus a sound political economy requires the continuation of life until and beyond the period of full and unbiassed productivity. Whatever life is thrown away before, is just as much capital thrown away. Therefore both social, moral, and political economy insist upon the protection of the lives of the newly-born and young infant. Humanity requires it, and common prudence commands the saving of a product after it has been called into existence, and has given rise to a waste of working power. Political economy need not be told that a mother who carries a child does less work than in normal circumstances. To waste the product after it has given rise to expense, which is equal to non-production, is a direct injury to national wealth and power. Every new invention in medicine and surgery, the forceps, vaccination, chloroform, have been so many means of increasing the national wealth by saving life.

But this is not the only consideration of importance. The lost life is a dead loss, but the raising of unhealthy children, or vicious ones, amounts to a constant injury to society, a perpetual malignant disease eating the marrow of the land. If, therefore, any means are resorted to to save the lives of, and providing an education for, the abandoned or orphan children, they ought to be sufficient, and amply so. If this duty is neglected, the punishment falling upon a community in particular, society in general, is but just. Neglect of either physical welfare or moral and mental education is equally dangerous.

Insufficient physical development, depending upon incompetent nursing, scanty or injudicious feeding, results in the raising of a class of persons

sufficient means to support. Then, instead of paying from their own pockets, as they have followed their own hearts and imaginations, they ask for further contributions, they make people embroider, knit, and sew, and buy their own work, they make the public buy musical entertainments, for which nobody pays, ay, they make them dance. If all that is in-

whose presence in society is a dead weight and an eating cancer. Feeble men, crippled women, raised by insufficient measures for the bringing up of children, will require renewed efforts for their support on the part of society as long as they live. Thus capital is wasted on their being born, nursed, and supported. If they had never been conceived and born, it would have been better for society. As they exist, they have a claim on humanity. When they have facilities to work, society has a claim on them and will thrive through them; not otherwise. Thus raising the poor into healthy and robust persons is a direct gain.

If the moral and mental education of the same class of individuals is neglected, there is more than a mere probability of demoralization being the result. Public order is destroyed by such a population, and public means squandered. Means that were saved in the raising and educating of the babies, will be required tenfold to sustain houses of correction and state-prisons. In 1853 there were, in the bagnios of France, 5,758 persons. Of these 391 had been illegitimate children, and 146 foundlings. In the state-prisons, of 18,205 inmates, 880 illegitimate and 361 foundlings. And the same proportion holds good for all houses of correction. Of 1,300 Frenchmen, one was the subject of legal punishment, and among former foundlings one of 158. Thus, of the foundlings of France, eight times as many get punished by law as the average population.

Thus it appears that the most economical policy consists in raising and educating infants and children into physically and mentally healthy men and women. Money spent on them is easily saved in hospitals and prisons. There is but one excuse for a community for neglecting the obvious duties toward the children and itself, viz., extreme poverty. Therefore where a special community has but deficient means, the whole people, society in general, ought to hold themselves responsible. Society in general is benefited either by or suffering from their constituent parts, and therefore the care of the individual is a matter of common concern. If there is any meaning in the principle of general solidarity, it includes the right of every individual to a healthy body and a sound education. The equality preached by early Christianity and the doctrines of modern social science agree perfectly on that point, and the shrewdness of political economists has arrived at the same conclusion.—(*The Raising and Education of Abandoned Children in Europe, with Statistics and General Remarks on that Subject, by Abraham Jacobi, M. D., Member of the Medical Boards, of the Infants' Hospital, Randall's Island; and of the Nursery and Child's Hospital, New York, 1870.*)

sufficient, the common enemy is attacked; the common enemy is the treasury, the people's money, given away less by ignorant or injudicious legislators than by unscrupulous lobbyists. Thus you will find, in the financial report of the "Seventeenth Annual Report of the Nursery and Child's Hospital, in the city of New York, Fifty-first Street, corner of Lexington Avenue, March 1, 1871," the statement that of \$45,000 dollars spent in one year (rent not included), the house inmates paid about \$12,000, the treasuries of the State and other authorities \$24,000, and that private subscriptions and donations amounted to little more than \$1,700 dollars. The balance was made up by the receipts of the great charity ball.

If, on further consideration, you discover that, *besides* subscriptions, donations, payments of inmates, and proceeds of charity ball, the treasuries of the people of the State of New York pay alone 30 per cent. more than the rate of sustaining the infants under the charge of the Commissioners of Charities and Correction, you will, I hope, agree with me in my conclusion that the State, that society, can work at a cheaper rate, and on a more uniform plan, than the dozens of self-constituted authorities. Altogether, you will find that the total cost of sustaining the infants of the Nursery and Child's Hospital amounts to more than double the expense of the Commissioners for the same purpose. I wish I could say that their successes were double as to general care, good food, clean wards, and mortality. Unfortunately, the high standards of food, wards, and mortality, are undeniable.

Now, in my opinion, if the expenses are to be borne by the State, the State ought to have the credit; for it has the moral responsibility toward the indigent and helpless, and the tax-paying public, who seldom learn what is being done with their money, or to what extent it will be given away. I remind you of the fact that the Legislature of last year decreed away nearly a million as their contribution to private or even sectarian institutions. I know even of instances where large sums of money, people's money, were spent for purposes altogether different from what they were asked and given for. Let me, however, return to another special subject of this paper.

The subject, when brought before an intelligent and knowing public, is so plain that it commands interest at once as one of the most urgent questions of the day. Therefore, the Medical Society of the State of New York passed, in its second meeting in February, 1871, the following resolutions :

Whereas, Humanity acknowledges the claims of every human being to life and to some degree of prosperity, and recognizes in every civilized country the right of every new-born to be protected and supported ; and,

Whereas, Political economy requires the saving of a being which has given rise to outlay until and after it can become useful and repay the expenses incurred in its full development ; and

Whereas, The moral constitution of society requires that every member of society should obtain a sufficient training of its intellectual and moral powers ; and

Whereas, The mortality of infants, being large from natural causes, is three times larger in public institutions destined for the maintaining of infants than in the general infant population ; and

Whereas, The Board of Commissioners of Charities and Correction, always willing to be guided by competent advice, and desirous of doing their best, have already had a report prepared for them suggesting changes and improvements in the raising of their infants :

Therefore, be it resolved by the State Medical Society to appoint a committee to investigate and report, in the meeting of 1872, upon the following subjects :

1. The causes of the fearful mortality of abandoned infants in general, and those in large public institutions in particular.

2. The reasons for the giving up of large institutions, and the success of the dispersing system for abandoned infants, in every country of Europe, where the preservation of lives was an object.

3. The causes of the unusually large infant mortality in the institutions in charge of either public or self-constituted authorities in New York City and State.

4. The plans and means for improving the condition of foundlings and abandoned children in New York City and State—

- a. During their infancy, when they are most subject to disease and death.

- b. During childhood and adolescence, when they require an education sufficient to make them useful members, and prevent them from becoming enemies of and dangerous to society.

As I am a member of the chosen committee, I have herewith offered a small contribution to the elucidation of the subject, and offer another one in studying the statistics of one of our great institutions which has been founded and sup-

ported for the alleged purpose of saving life. I select the Nursery and Child's Hospital, for the very simple reason that I know as much about it as about any other; in fact, my knowledge of the minutiae of that institution you will find tolerably complete. I consider the statistics I lay to-night before you as but preliminary to, and part of, my future report to the State Medical Society. By them I mean to prove the absolute impossibility of raising infants in a large institution, a fact that has been ever so many times proved in Europe. The first communication I have to make, I beg permission to recapitulate from my report on "The Raising and Education of Abandoned Children in Europe," etc.

The *Nursery and Child's Hospital*, New York, under the management of thirty-five estimable ladies of the city, in which the infants are fed half on breast-milk, half on well-selected artificial food, a mixture so frequently and advantageously used in private families, exhibits in the records of 1870 the following facts: I take the liberty of adding at once, that I make use of limited statistics only, because up to March, 1870, the records have not been well kept. Since that period they have been kept regularly, as I, being one of the medical staff of the institution, know from personal experience. There have been, from March 2d to May 31st, 97 admissions, 20 discharges, 10 deaths.

The admitted nurslings were by no means new-born; in fact, very few belong to that category. Eighty of these admitted children had a total age of 367 months, averaging 4.5 months for each child at the date of admission. Seventeen of the admitted children were 2 years and over, up to 10; altogether there is a total number of 84 years for 17 children over 2 years, that is, an average age of 5 years. Of these 17, being of an age where the rates of mortality are always low, none died. Thus we have 10 deaths in 80 infants with an average age of 4.5 months at the date of admission, within a single quarter of a year. Further, of these 80 infants (from 2 days to 2 years old), admitted during these 90 days, 20 were discharged. The shortest stay was 1 day, the longest 68 days. The total days of these infants in the institution was 324 days for 20 inmates, that is, discharges took place, or were taken,

in 20 cases out of 80, after an average stay of 16.2 days in the Nursery. Thus there are 10 deaths in 60 children of an average age of 4.5 months at the date of admission, within the 3 months following their admission. The average age is a little higher, because most of the infants who were discharged were very young, and have been counted in the grand total of ages. Now, if we grant that March and one-half of April are unfavorable months, we have to admit that May is favorable to health, that the winter months from December to February are just as untoward as March, and that the heated term of the summer is surely still more dangerous. Thus we may safely assume that the rate of the general yearly mortality in the Nursery is certainly about the same as in the mentioned quarter of March, April, and May; therefore the mortality through the year would amount to 40 out of the number of 60, or, if we mean to count the infants that got their discharges after 16 days' stay in the institution, out of 80 children who were admitted at an average age of 4.5 months. I prefer this latter figure for the following reasons of both justice and charity: The 50 children remaining, having grown a quarter of a year older, meanwhile, would, in the second, third, and fourth quarters exhibit a smaller rate of mortality, while those newly admitted would yield the very same mortality we figured above. Thus we can afford to count those 20 discharged ones with the rest. If in future the records are kept as fairly as in the last few months, we shall have facts instead of estimates.

Now, then, there are 10 deaths quarterly in 80 children, each one 4 to 5 months old at the date of admission. Grand total of 50 per cent. deaths yearly of children of 4 to 5 months and upward to 2 years.

Statistics prove that the mortality of the infants born alive, from the date of birth to the fifth month, is larger than that of infants between that age and 2 years. Of 3 infants who die before the termination of their first year, 2 are less than 5 months old, and one is between 5 and 12; and, of 31 who die before the end of their second year, 26 have not reached the end of the first, and but 5 die between their first and second year. Thus, of the above 50 per cent., 8 would

belong to the second year, 42 to the first. They were admitted at a time of life when mortality is but half of what it is in the first months. Thus it appears that the mortality of the Nursery, if all of the admitted infants were new-born instead of being 4 to 5 months old, would be so appalling that I am glad I am not required to state its exact figures. The worst figures of the European foundling-hells of former centuries are not more fearful than ours, and, although being an officer of that institution myself, and believing that I and all the rest of us have conscientiously tried to do our duty, I cannot but testify and bow down to the truth, that, in spite of all the efforts of the medical staff, and the painstaking of kind-hearted ladies, the probability of the lives of children intrusted to a public institution is very slim indeed. The younger the children, and the larger the institution, the surer is death. Every story added to an edifice which is meant to be a temple of love is an additional hecatomb of the innocents. Modern civilization, planning for the best, but mistaken about the means, has succeeded in out-Heroding Herod.

These facts are sufficient to justify the abrogation of large institutions designed for the raising of young infants. The facts appear to show, besides, that older children (not a single death occurring in 17 of an average age of 5 years) bear up easily under the same circumstances that are a source of death to the infants.

In the same institution, viz., the Nursery and Child's Hospital, there were 41 births from the 1st day of January to the last of May. Of the infants, 4 were stillborn, 6 died, 23 were discharged, 8 remained in the institution to 1st of July. Those remaining in the institution on the 1st of July were all born in April and May; with a single exception, every one born previous to March 31st having left the institution, or died. The 23 discharged infants were in the institution 609 days, each averaging 26.5 days. Those who were born and died in the institution, lived altogether 274 days, an average life of 45.6 in the institution. Those 8 who remained in the institution on July 1st had lived, *in toto*, 340 days, an average of 40.25 for each of the 8. Thus, their average ages was not yet the average age at which those 6 died, nor

were the ages of the discharged 23 much more than one-half of the average ages of those who died. The naked fact is, that of 14 infants (23 having been discharged) 6 died.

Now, if I add the fact that the women are well kept, the food is good and plentiful, medical attendance as efficient as the sometimes faulty method of appointing medical attendants in our public institutions can make it, and the whole institution under the assiduous management of thirty-five ladies belonging to the best society of New York City, I believe I am justified in concluding that a large institution is the very place that nurslings and infants ought to be kept out of. For, the poor tenements of our working-classes yield better results in their raising of infants than the large institutions the city might be proud of.

From the 1st of June to the 1st of October, 1870, 101 children were admitted to the Nursery and Child's Hospital. Their average ages were more than 1 year 8 months. There were 29 from 2 to 13 years old, and therefore beyond the principal ravages of fatal disease; 27 were removed, after they had been in the institution an average time of 20.4 days. Thus there remained 55 *bona-fide* inmates of less than 2 years. In that same quarter of a year there are 33 deaths recorded in the book of the Nursery and Child's Hospital.

It is important to know that, according to a list before me containing names, ages, etc., 18 more children, who were admitted before October 1, 1870, died after that day.

This frightful mortality of the inmates of the Nursery and Child's Hospital becomes more apparent by comparing it with the following statistics (of Report, p. 38): According to Farr, of 392,224 children born in England in 1867, there died before the end of their first year 65,464, viz., 16.69 per cent. According to Prof. Ritter, of Prague, the mortality during the first year of legitimate and illegitimate children born alive in 1855-1861 was 25.36 per cent. in the Austrian Empire. In Hungary, considered separately, in 1862-1865, 24.95 per cent. In Berlin, according to Chamisso, the mortality of all the infants born alive from 1816 to 1841 was 22.7 per cent. up to the end of their first year (33.5 of the third, 36.9 of the fifth). The rate was lower in 1842-1860; but in 1861-1866 it was 28.4 per cent.

These reports were written and printed, although—I am at this day ashamed to acknowledge it—withheld from the public at large in consequence of false professional pride—when the following newspaper article—one of very many—appeared on November 1, 1870:

The Infants' Home—a Worthy Institution—what it is doing, and how it is done.—Among the legion institutions supported by New York charity, few appeal with greater force to the promptings of humanity than the organization the name of which stands at the head of this article. Doubtless, one must watch intelligently its daily workings fully to appreciate the end it is designed to and does accomplish; but yet the most casual observer can indorse what the managers tell.

The histories which could make our annual reports intensely interesting must be as silent as they are sad. They say: “We often feel that it is not alone our prayers which have brought God’s favor on our work, but the sighs and prayers of penitent sufferers have been answered by the constant stream of heavenly blessing.”

There have been two large additions to the building. The Asylum, corner of Fifty-first Street and Lexington Avenue, since its occupation for present purposes sixteen years ago, and the last annual report, shows 371 children in its care, 100 of whom were born there, and the success of the lying-in wards has exceeded the most sanguine hopes of friends. To these come women—never without reference—some from poverty, some from shame and the world’s cold scorn—for bodily and spiritual comfort and sustenance.

The interest of the State Legislature has been so awakened by representations of the board of officers that power has been accorded to take in many who from poverty and despair would have been driven to suicide or infanticide.

The histories and the mysteries of the place may never be written, as we have said before; howbeit, as an example and epitome of all, the reporter might speculate as best might be on the wan, joyless face of one young mother lying there recently, of whom nothing was known save inviolably to those in charge, if, indeed, there was a history, but the framed Scripture text at the head of her bed seemed a chapter of revelation to the visitor, reading, “Whom the Lord loveth he chasteneth, and scourgeth every son whom he receiveth.”

We went to the children’s school, for there is a school for such of the children as are large enough to attend, and neat copy-books were shown us with great pride by sturdy-looking boys, and little girls with roguish, happy faces. Their childish voices united in singing for our entertainment, too, and we were shown the first composition that had ever been written in the school—the *chef-d’œuvre* of little black-eyed BERTHA.

Who could think unmoved of these tender ones, rescued, perhaps, from the tyranny of a drunken father, from the breast, earlier, of an intemper-

ate mother, giving thanks that here they were safe and happy? The annual charity ball, in behalf of the institution, has always met with brilliant success, but its necessities increase with its sphere of usefulness, and the provision of a quarantine establishment for contagious diseases has wellnigh or quite absorbed the proceeds of the last entertainment, so that, if subscriptions and donations should not be forwarded to the rescue, the work of charity must be much curtailed. The officers the present year are Mrs. Cornelius Dubois, First Directress; Mrs. T. C. Doremus, Second Directress; Mrs. Henry Anthon, Third Directress; Mrs. E. W. Stoughton, Treasurer; Mrs. Algernon S. Sullivan, Secretary; Miss R. B. Hunter, Assistant Secretary. Among the active managers and honorary members are found the names of many that are "household words" where moral and physical want abound.

This article is but a specimen of many, and none of the most brilliant or affecting of its kind. How they are made up, on the spur of, and for the moment, we all know who read our daily papers, the result of many different brains, hearts, and pens. Maybe even those are right who assert that now and then lips of honey, cheeks of milk and blood, eyelashes of silk, hands of velvet, voices of silver, dollars of gold, and other organic and inorganic contrivances have a great influence on men, nations, and newspaper articles. At all events, when you compare a lengthy article in the same paper (the *New York Times* of November 12, 1871), you will find that in consequence of statistical data contained in my report on "The Raising and Education of Abandoned Children in Europe," and other facts credited to Dr. Parry, of Philadelphia, the placing-out system is pronounced the far superior one.

Let me, however, return to my statistics, or rather go on. First, let me direct your attention again to a memorandum copied from the records of the Nursery and Child's Hospital, which I here present. It contains the names and ages of 18 infants and children who had been admitted before, but died *after*, the 1st of October, 1870, that is, after my last report was made up. They range from 21 days to one year and 10 months. It also contains the ages of these 18 children at the dates of their deaths; they range from 2 months, to 3 years 3 months and 13 days. It further contains the causes of their deaths, which one by one read as follows: Diarrhœa, tuberculosis, diarrhœa and pneumonia, pneumonia

and cholera infantum, diarrhœa and pneumonia, chronic pneumonia, pneumonia, pneumonia, marasmus, pneumonia, measles and cancrum oris, measles, diarrhœa and pneumonia, chronic diarrhœa, capillary bronchitis, pneumonia, entero-colitis, chronic diarrhœa, diarrhœa and bronchitis.

I have read this list to you, because, after hearing the preceding reports of mine, you might have been under the impression that there were not a sufficient number of children left in the institution from which it could be recruited.

Finis coronat opus. Let me continue:

According to the records of the Nursery and Child's Hospital, which appear to have been as well kept as those from March 1st to October, 1870, 117 babies were born in the lying-in department of that institution from October 1, 1870, to October 1, 1871. Of this number 69 were discharged within a short time after their births; most babies go out with their mothers within a few weeks, some remain a little while longer. The aggregate stay of the 69 little ones amounted to 108 months and 5 days. A month is always taken in my accounts as averaging 30 days; thus the average stay of each of the 69 amounts to 1 month and 17 days.

My information on one of the rest is not positive. I do not know whether James McAlister has been discharged or died. I have not counted him among the dead. Of the other 47 babies, who were not so fortunate as to get discharged, 27 died. Their aggregate ages at the time of their deaths were 69 months, or 2 months and 17 days per head. We have no means of knowing how many of the discharged 69 would have succumbed, if they had averaged a stay at the institution of 2 months and 17 days, instead of 1 month and 17 days.

Of the 20 who remain alive within the Nursery, 9 have been born in the last quarter of the year; 5, viz., 20 per cent., in the very last month. They have not yet averaged 2 months and 17 days. The future will show whether they are to be counted among the living, the dead, or the discharged. The list of the 18 diagnoses (more or less), confirmed by *post-mortem* examinations which I have read to you before, renders it doubtful whether all of them will live.

I wish every practitioner of medicine present in this hall to compare his own experience and statistics among the rich, and the poor, with these results obtained in the Nursery and Child's Hospital, where every one of the 47 has had its mother's, or, in some cases, nurse's milk. Of 47 new-born babies, 27 have died at the average age of 2 months 17 days, and half of the rest are not old enough to have reached this average.

You will now be prepared for some more figures :

Admissions of Infants and Children to the Nursery and Child's Hospital, October 1, 1870, to October 1, 1871, between the ages of one day and nine years one month :

October, 1870....	25,	with aggregate ages,	22 years, 5 months, 23 days.
November, "	22	"	35 " 11 " 27 "
December, "	21	"	27 " 7 " 27 "
January, 1871	22	"	14 " 4 " 4 "
February, "	18	"	23 " 4 " 26 "
March, "	17	"	38 " 11 " 9 "
April, "	21	"	30 " 10 " 8 "
May, "	17	"	24 " 8 " 3 "
June, "	19	"	37 " 0 " 3 "
July, "	27	"	37 " 5 " 8 "
August, "	26	"	43 " 1 " 25 "
September, "	18	"	25 " 7 " 13 "
Total.....	253		361 9 26

Thus the average of 253 infants or children admitted in good health from October 1, 1870, to October 1, 1871, amounted to 1 year 5 months 16 days. I naturally lay stress on the fact of their health being good when they were admitted ; for it is the rule of the institution that it should be so. This much is sure, that no child has died this year of a disease contracted before it entered the nursery. Still, so great is the liability of the inmates to fall sick in the institution, that the secretary of the medical board publishes, in the annual report gotten up in 1870, the unnatural fact that 2,000 serious cases of sickness occurred in one year, among 377 admissions ; and, in that of 1871, over 1,400 cases of sickness, in 358 admissions.

Of the 253 admitted from October 1, 1870, to October 1, 1871, 128 were discharged within a short time after their admission. I will presume they were all in good health when they left the institution.

	Discharges took place.	Aggregate stay, in days, at the Institution.
October, 1870,	12	761
November, "	10	755
December, "	16	1,049
January, 1871,	12	393
February, "	11	800
March, "	10	666
April, "	12	346
May, "	8	274
June, "	8	283
July, "	17	848
August, "	7	304
September, "	5	132
Total.....	128	6,581

Thus, the average residence of each of the 128, inside the Nursery, amounts to 1 month 21.4 days.

If you compare the enumerated discharges and admissions in the several months with the deaths, or if you will take the trouble to look over the record I have before me, you will reach the number of babies remaining alive in the institution :

	Admissions.	Discharged since.	Died since.	Remain alive.
In September, 1871,	18	5	4	9
August, "	27	7	3	17
July, "	27	17	4	6
June, "	19	8	7	4
May, "	17	8	4	5
April, "	21	12	9	0
March, "	17	10	3	4
February, "	18	11	3	4
January, "	22	12	8	2
December, 1870,	19	16	2	1
November, "	22	10 "	8	4
October, "	25	12	12	1

After all, there were 125 *bona-fide* inmates, who stayed more than the average of 1 month 21.4 days. Of these died :

		Years.	months.	days.
October, 1870,	12 at aggregate ages	7	1	8
November, "	8 "	6	6	20
December, "	4 "	0	11	28
January, 1871,	8 "	3	10	0
Carried forward.....	32	16	28	56

			Years.	months.	days.
Brought forward	32		16	28	56
February, 1871,	3	at aggregate ages	1	8	1
March, "	3	"	3	0	25
April, "	9	"	11	10	2
May, "	4	"	2	6	4
June, "	7	"	8	11	12
July, "	4	"	3	1	19
August, "	3	"	2	6	27
September, "	4	"	5	9	21
Total.....	69		58	00	17

If you remember the meaning of the record of the 18, you will expect some more to die. Up to a fortnight ago, one, who was admitted at the age of 1 year 3 months 21 days, died at the age of 1 year 7 months, on November 19th, of pneumonia. Thus, up to this date of November 19th, there were 70 deaths among 125 healthy children, admitted to the Nursery. The average age at the time of death was 10 months 7 days.

The causes of death are attributed, in one case each, to croup, pleuro-pneumonia, entero-colitis and peritonitis, measles, pneumonia and croup, scarlatina and croup, diarrhoea and broncho-pneumonia, pleuritis, intussusception, broncho-pneumonia, atelectasis (child of 11 months 4 days), pulmonary tubercle and pneumonia, measles and pneumonia, diphtheria, pulmonary tubercle—in 2 cases each, to marasmus, hypostatic pneumonia, measles and croup, cholera infantum, whooping-cough—in 3 cases each, to tuberculosis, atrophy, measles—in 4 each, to chronic diarrhoea and pneumonia, diarrhoea and pneumonia—in 6, diarrhoea, 10 chronic diarrhoea, 13 pneumonia.

Of these 70 deaths, 18 occurred in children over a year, 52 in such as were less than a year old. But 3 of the former children had been admitted before they were a year old: viz., 2 were admitted at 10 months; 1 at 11 months 18 days. They died when they were 1 year 2 days; 1 year 17 days; 1 year 2 months 7 days old. Thus we arrive at a sum of 55 deaths among babies, who were admitted before they were 12 months old. A large number of them had reached nearly that age at the time of their admission.

But how many babies were admitted under a year, of whom 55 could die within the short space of time reviewed in this retrospect?

Of the total of 253 admitted, 42 were over 3 years, 30 between 2 and 3, 44 from 1 to 2 years, together 116 over 1 year. Of these 116, 76 were discharged in a short time. Of the remaining 40, 15 (18 less 3) have died within this limited time—a percentage, for the time being, of 37.5 among children over a year, very many of them over 2 and 3 years, and all of them intrusted to the Nursery in perfect health.

Of the 135 admitted at less than a year, 52 were discharged after a short period; 83 were left in the Nursery as *bona-fide* inmates. Of these 83, the number of 55 died within the limited period which is the subject of this compilation. The aggregate ages of these 83 at their admission was 377 months; the average, 2 months 23.8 days.

Thus it results that the mortality of babies intrusted in good health to the Nursery, at the age of nearly 3 months, within this limited period, is 66.26 per cent.

The aggregate ages of the 55, at the time of their deaths, including those 3 who passed their first birthday while in the institution, count up to 26 years 11 months 1 day; the average age of each to 5 months 26 days. As their average admission took place at 2 months 23.8 days, they lasted 3 months and 2 days each in the institution.

Some questions submit themselves very readily:

1. What will happen to those who have reached, like the dead, the end of their sixth month by this time, and will stay in the institution to the full end of their first year? For the average ages of those 18 above mentioned, who were admitted before October 1, 1870, and died after my former report was made, amount to 10 months 6 days.

2. Was it fortunate, or not, for the 128 discharged children to stay but 51.4 days in the institution, as the time averaged between admission and death is 3 months 2 days?

3. What is likely to become of the 20 living babies born in the place, and remaining at the present time in the institution, provided their stay is extended to the end of their first year? On the 20th of November their average life was a

trifle more than 6 months, and up to that period 27 out of 47 (57.45 per cent.) had died.

4. If $66\frac{1}{4}$ per cent. perish among healthy infants admitted, as those of the Nursery, at an average age of 2 months 23.8 days, what would be the percentage if the babies were admitted at birth, under the same circumstances?

To facilitate the answer to this latter question, I beg you to compare the statements laid down in a table contained in my "Report on the Raising and Education of Abandoned Children in Europe," New York, 1870, p. 29.

Of 100 newly-born infants died in

	Belgium, 1840-'50.	Holland, 1848-'53.	Austria, 1851.	Sardinia, 1823-'37.	France, 1853.
0- 1 month	5.18	4.70	10.96	11.14	6.60
1- 2 months	1.76	2.29	2.55	1.87	} 2.85
2- 3 "	1.27	2.09	1.96	1.43	
3- 4 "	1.08	1.91	} 3.42	} 2.51	
4- 5 "	0.86	1.48			
5- 6 "	0.76	1.19			
6- 7 "	0.72	} 1.77	} 2.40	} 4.89	} 3.15
7- 8 "	0.66				
8- 9 "	0.66				
9-10 "	0.65	} 1.42	} 2.78		
10-11 "	0.63				
11-12 "	0.80				
0-1 year	15.03	18.14	24.07		

From this table, which has been taken from official documents, it is evident that the mortality of babies who have reached the end of their first quarter is but one-third or one-sixth, for each following quarter, of what it would be from the first hour to the end of the third month of life.—The four above questions are herewith submitted to your consideration.

I think I might go on *ad infinitum* with the practical conclusions. I want to draw but one conclusion, viz., *that the attempt to raise babies in great institutions, even with large means to aid you, cannot be justified; that these institutions must be given up, and reserved for other purposes, and that the only system worthy of being sustained is, to place the children out with private parties.*

And now let us, for a moment, examine into the expenses of large institutions like the Nursery and Child's Hospital.

On p. 12 of the Seventeenth Annual Report, under the heading of "Financial Report," you will find the expenses

between March 1, 1870, and March 1, 1871, laid down at a little more than \$75,000. Of these I deduct at once \$30,000 for "temporary investment," "part purchase of country hospital," and "furnishing and support of country hospital." Balance, \$45,000. As repairs and insurance are counted up with more than \$4,000, I estimate the rent of the immense buildings at \$20,000 only. Thus I take \$65,000 as a fair, or rather low, average estimate of the whole sum spent for the benefit and support of 253 admitted children, and 117 lying-in women with their infants. *They are the only beneficiaries*, for the mothers taken in with, or in behalf of, their nurslings, and the wet-nurses, cannot be counted in this class, any more than the matron, the ward nurses, or the domestics.

Those beneficiaries did not stay in the institution through the whole year, but a very small part of it only. The aggregate stay of the new-born, who were soon discharged, amounts to 8 years; those 27 who died at the average ages of 2 months 17 days, to 6 years; those 20 who remain after the close of the year (October, 1870, to October, 1871), to 8 years. The aggregate stay of the 128 children who were admitted and soon discharged, to 18 years; of the 125 who are dead or still alive, to 60 years. Total, 100 years. The aggregate stay of the pregnant women who were confined in the institution may be set down at 20 years. Thus \$45,000, without rent, or \$65,000, rent included, are spent on *a year's board* of 100 children (the new-born included) and 20 adults. Said board averaging the sum of about \$400, rent not included.

How nearly correct this estimate is, you find corroborated by the fact that the sum of about \$12,000 is credited as "house income" in this year's financial report. Our summing up would average a yearly board paid by the inmates of \$100, or a monthly one of about \$8.00, which is almost the very figure (a little less) of the average board paid to the institution.

While I remind you of the fact that my figures cover the time from October, 1870, to 1871, and the report alluded to the time from March, 1870, to March, 1871, and that, therefore, trifling differences may be found, you will still find a few of the items in the expenses highly interesting.

The 120 annual boards required in round numbers : \$25,000 for provisions ; wages amounted to \$4,000 ; stationery, printing, and collecting (of \$1,195 "subscriptions," I suppose), to \$625 ; wine, brandy, drugs, and surgical instruments, \$1,800.

Let, however, these figures suffice. He whom they have not yet convinced of the truth of my statement, that large institutions, no matter what their means are, will destroy their infant inmates, may, perhaps, change his mind on still further investigation. At all events, it will prove a difficult task to trace the fearful mortality, of the institution I have spoken of, to radical faults in the manner in which it is conducted. I do not think there are many shortcomings in the administration of that institution, which will not be found in all carried on upon the faulty principle of accumulating large numbers of infants under one roof. Still, it must be said that institutions under dozens of managers labor under unusual difficulties—never thrive well. There is always something meddlesome, fidgety, inconsistent, incongruous, in large numbers ; nor is the transaction of business by a ring, if we are well informed, cheap or expedient ; nor can we presume that, where less special knowledge than ambition and theoretical love is brought to bear upon a serious task, like that of conducting an infant asylum, the results are surprisingly favorable. I say "theoretical love ;" for, where a board of several dozen of managers in New York City cannot command more than seventeen hundred dollars' worth of "subscriptions and donations," I dare say that love requires more practical illustration.

Old Homer says that a government of many heads does no good. He wants one master. Perhaps he thought of infant asylums. The improvements effected in the management and mortality of the Infant Hospital (Randall's Island) by the intelligent administration of a single medical officer with his subordinates, under the control and in the pay of the Commissioners of Public Charities and Correction, speak for the advantages of special knowledge and a uniform plan.

Let me, then, again urge the fact that large infant asylums will destroy children.

When this fact became known, many experiments were made of distributing infants over a number of places, the so-called

cottage system. Six, ten, twelve, were kept in a small separate institution. The disadvantages are plain. The increased number of households raises the expenses, the difficulty of obtaining wet-nurses increases, control and medical attendance become more and more difficult. The cottage is, in fact, not much, if at all, better than a ward in a public institution.

What, then, is left but to board out the infants in the country? For, although the experiments of the Catholic foundling institution in Waverley Place are by no means so bad as the experience of twenty years ago rendered probable, common-sense, hygienic principles, and statistics, point to the country as the residence of the children of the Commonwealth. When this conclusion shall be the conviction of all, the necessary steps will be taken, no matter how great the difficulties may be. With us, they are not small.

Our population adjoining the great cities, especially New York, is not so large as in Europe, and is not so poor. It is not of such vital importance for a country family to avail themselves of the trifling subsidy paid for the infant boarder. But there are some considerations which are to be taken into account. The first is, that the infants we have to care for do not count by six or ten thousands every year; and the second, that the sum which is at present spent for every infant under the charge of the Commissioners of Charities is by no means a trifle, and, under the Managers of the Nursery and Child's Hospital, enormous. It would be found, on trying, that the apparent difficulties in procuring proper country homes for our infants would by no means be so great as they may appear at first sight. Even if there were some in the beginning, we should always gain.

The question whether it would be desirable to leave, if possible, the young illegitimate child in charge of its mother, cannot be answered in a manner uniformly adapted to every case. The facts exhibited by the Munich records, according to which the children reared by their own mothers have a fearfully larger mortality than those intrusted to strangers, do not look encouraging. In our city, I am afraid that many of our unmarried mothers would not prove excellent nurses. Still, the fact of their being sufficiently supported might change the circumstances.

There is another consideration not to be lost sight of. Unfavorable though all circumstances be within the walls of an institution, mortality can be reduced by procuring paid wet-nurses for the same. We know that our nursed infants thrive much better than the bottle-fed. But no breast-milk is obtained except from those who have no home, the poorest, and most miserable. No married woman, as a rule, at least none who has the slightest means of escaping the discipline of and submission to institution rules, will ever consent to become a wet-nurse to any of our children. Thus we have to take either the sickly, the profligate, the very poor, or consider ourselves very fortunate when we succeed in securing the own mother's breast for the support of the infant. Many mothers, however, who have a home in the country, have lost a young baby, or have milk enough left, after weaning, to nurse, or enough to nurse two, but who would never consent to leave their husbands and children, could be induced to take charge of an infant. A careful comparison of the direct expenses of the two modes of rearing infants, out of, and in asylums, in Europe, has proved that even there no pecuniary loss is incurred by the more advantageous and humane proceeding.

Besides, the nurses necessary for the infants in institutions are just so many nurses kept out of the service of the general public. In New York City, wet-nurses are scarce, since the humane efforts of the Commissioners of Charity, and the Catholic foundling institution, have been directed to the task of supplying our foundlings with human milk. Thus it is very probable that what society gains on one side, in the saving of the destitute and poor, is lost among the public in general. At all events, such element of proper food as is accessible at its own home only, that is, breast-milk of the countrywomen, is left unavailable and unused.

If not absolutely necessary, no attempts at obtaining breast-milk ought to be made within the limits of the city. Besides the other damaging influences of city life and city atmosphere, which alone destroy so many infants' lives, the experience of former times, of boarding the city's infants within the boundaries of the city, has been very unfavorable.

It is not my intention to go into the particulars of administration, at this moment. Still I beg the privilege of

pointing out a mode of action which in some parts may prove faulty, but which under our circumstances will, in my opinion, prove sufficiently correct to enlist sympathy or bring out a discussion. Before so doing I again refer to my opinion on the responsibilities and duties, and the rights, of the State. *The whole administration of the foundlings ought to be controlled by the Commonwealth. Private or sectarian establishments ought to be under governmental supervision ; ought not to be supported or aided by the State, but not interfered with so long as their successes and general management appear satisfactory ; the department of the foundlings to be centred in one office ; the necessary appointments of the head, or heads, to be made by the Governor of the State.*

The expense of boarding the foundlings to be borne by the people of the State of New York.

By concentrating the administration, the running expenses would be but small in proportion. New York City would have a single depot for the abandoned children, from which speedy distributions would take place. The large buildings at present dedicated to the purpose of raising infants would soon be required for those children who would be returned from the country, after reaching the age of 3 or 5 years. Some might become hospitals—we have no child's hospital in New York City—some schools and asylums for the older children of the community, where they would be taught to become useful citizens of the republic.

I assume a mortality in the first year, say, of 25 or 30 per cent. of infants abandoned in their first year. After that time, the mortality will become small. Of 1,000 abandoned infants, 750 or 700 must reach in future their twelfth month. I assume \$150, the amount spent by the Commissioners of Charities and Correction, to be a fair average for yearly board. Thus 1,000 abandoned infants would cost the State, per annum, say \$120,000. The 3,000 lives endangered or thrown away every year might cost us \$350,000 yearly; but then we should certainly succeed in saving most of them, at a proportionately small expense, and educating those many who have been saved.

The first steps in this direction would be to awaken the interest of the public, particularly in the country. Sympathy

and interest must be stimulated contemporaneously. The printed minutes of the Commissioners of Public Charities and Correction, of last year, contain a proposition to make preparations for boarding out babies, submitted by the Medical Board of the Infant Hospital, Randall's Island. The Commissioners have, I believe, deferred further action only in consequence of the necessity of keeping up all their numerous charities, and from their fear of not being capable of meeting a momentary increase of expenses. But lately a paper was prepared, which was intended to be circulated over the signatures of the Commissioners, containing similar propositions. It is but justice to say that I have been told by them, this very day, that they considered the publication impracticable at that moment, but approved of and indorsed all its contents. I have requested and obtained the permission to read it, and abstain from any remarks or additions. It is written in the form of a letter, which was to be distributed among such persons as are mentioned in it, and, with its remarks and suggestions, will explain itself. It reads as follows:

DEAR SIR: Your special attention is herewith directed to the claims of a class of destitutes who, as they are helpless, are the more deserving of the sympathy of the just and benevolent. In their behalf the Commissioners of Charities and Correction have tried to improve the methods of supporting, raising, and educating, have built costly edifices, and gladly availed themselves of any advice their medical boards could afford them. Still, the results of their efforts are far from being satisfactory, and, after careful consideration of the difficulties to be overcome, and the aims to be reached, the undersigned request you to give your attention to the following remarks, and to lend your valuable aid in furthering their endeavors.

The class of destitutes in question are the foundlings and abandoned infants, amounting to the number of about three thousand a year in the city of New York. Their claims have been so well acknowledged of late, and the public at large have become so conversant with the humane and political aspects of their case, that a number of associations have been formed for the purpose of either raising them or educating those who survive.

From a report laid before them by the medical board of their Infant Hospital, which admits yearly about 1,200 or 1,400 of these destitutes, we gather the fearful and embarrassing fact that infants collected in large institutions, of the best hygienic designs, with the most careful dietetic and medical care, will die in large numbers. This immense mortality is particularly great in earliest infancy. Of 47 deaths in New York City

under five years, 39 occur under two years, and as many as 30 under one year; the mortality of abandoned children under the charge of public or private authorities is still larger. The very accumulation of infants under one roof, the scarcity of breast-milk obtained, the difficulty of securing competent nursing for a large number of infants, the ravages of contagious diseases, the poisoning by deleterious exhalations and excretions, etc., are just as many obstacles to the health and life of the young inmates of our public institutions. The difficulties of raising infants in our institutions, and of gathering a sufficient amount of breast-milk in them, induce the undersigned to try a change with a part of their inmates. A number of them are to be given in charge of responsible parties in the country surrounding New York. The not unfavorable results of farming out even in cities, when compared with the mortality of institutions, encourage us to hope that infants farmed out in the country have a much greater certainty of life, and a healthy future. And, with regard to this plan, we have herewith taken the liberty of sending you this communication.

We propose to farm a number of babies out until they have reached the end of the third year. In particular cases, special arrangements may be made beyond that age.

Babies who have no teeth are expected to be fed on breast-milk exclusively. Such as have from two to four teeth, on mixed food. Afterward they are to be weaned according to such rules, concerning the feeding of the children, as shall be laid down by the undersigned or their medical board.

A single party is to be intrusted with but one nursling. A medical examination only can decide whether, in exceptional cases, a woman is fit to nurse two infants. She may, however, obtain an older child in addition to the nursling.

She must either be married, or a widow, or very well recommended. She must have plenty of breast-milk for the nursling in charge, no matter whether she has lost her own baby, or has sufficient nourishment for two (her own and the stranger). She must be healthy, not destitute, not intemperate, and known to be industrious, and not entirely dependent on the board paid for the nursling. She has to present a certificate from responsible parties—physicians, clergymen, postmasters, town authorities, or well-known citizens, concerning the above requirements, stating also how many children she has, and how many she has lost.

The applications of women who offer to take charge of infants are made at the office of the Commissioners of Charities and Correction. The depot of the babies is at Randall's Island. The house-physician notifies an applicant to call for her boarder. She has to call personally. Travelling expenses are refunded. The board-money is ten dollars a month, to be paid semi-monthly, monthly, or bi-monthly.

Besides, we offer to pay twenty dollars to a party, with whom a boarder has been living for sixteen consecutive months, at the end of his second year.

These are the outlines of the principal rules which, in all probability, will govern the farming out of infants in the country. We now apply to you, sir, and your friends, for your opinion and coöperation. You can advise us if, in your circle and neighborhood, the men in standing and authority, as mentioned above, would be found willing to help the cause of humanity and an enlightened political economy, by giving such certificates as parties would require, by even encouraging a party to serve herself and the public by taking charge of an infant, and also by paying a certain amount of attention to the little one who has no mother but the community.

The general superintendence will have to rest with the medical board of the Infant Hospital. Their house-physician shall be entitled to provide for special inspection. Still, it will be of the utmost importance to interest the public at large in the welfare of the foundlings, particularly the ladies, who, according to localities, might form committees for the purpose of watching and superintending the foundlings and their nurses.

You are respectfully requested to give the foregoing your attention, and to communicate to us your opinion as to the feasibility of our plans; whether, in your opinion, a certain number of women would be fit and willing to charge themselves with bringing up an abandoned infant in your neighborhood, and whether yourself or your friends, or their ladies, would be found willing, by occasional inspection, etc., to aid our attempts in raising infants, whose life is as valuable to society as our duties toward them are clear.

While offering the suggestions of this letter, and my previous remarks, to your consideration, I am fully aware of not having exhausted the subject. I have already, I know, to beg your pardon for keeping you so long. You will, I am sure, excuse me, on account of the importance of the subject on which I have spoken.

Quod felix faustum fortunatumque sit.

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